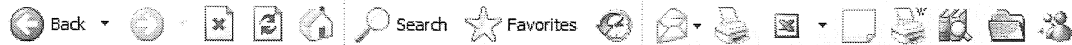


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Organization name:	
<input type="text" value="Michigan Department of Attorney General"/>	
Street address: (Required)	
<input type="text" value="525 W Ottawa"/>	
<input type="text" value="5th Flr"/>	
Town / City: (Required)	State / Province: (Required)
<input type="text" value="Lansing"/>	<input type="text" value="MI"/>
Postal / Zip code: (Required)	Country: (Required)
<input type="text" value="48913"/>	<input type="text" value="USA"/>
Email address: (Required)	
<input type="text" value="raterinkd@michigan.gov"/>	
Work phone number: (Required)	Fax number:
<input type="text" value="(517) 373-1176"/>	<input type="text" value="(517) 335-4879"/>
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<input type="text" value="Rush (14 Days)"/>	
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Date of Proceeding & Venue: (Required)	
<input type="text" value="December 18, 2009"/>	
<input type="text" value="U.S. Bankruptcy Court, Southern District of New York Manhattan, New York"/>	
Case Name & Number: (Required)	
<input type="text" value="DPH Holdings Corp, et al. 05-44481-rdd"/>	
Special Instructions:	
<input type="text" value="Please provide an original and two copies of the transcript of hearing."/>	
<input type="button" value="Submit"/>	